

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10765370 FILING DATE 1-28-04

APPLICANT(S)

CLAIMS

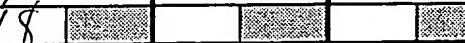
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	2					
4	2					
5	2					
6	2					
7	1					
8	2					
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TOTAL IND.



TOTAL DEP.

TOTAL CLAIMS



	IND	DEP	IND	DEP	IND	DEP
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